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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 5/980 Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) NUMBER FILED NUMBER EXTRA FEE FOR RATE RATE FEE **BASIC FEE** (37 CFR 1.16(a)) OR TOTAL CLAIMS 0 (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS minus 3 = = (37 CFR 1.16(b)) X S OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 3) (Column 2) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHES1 PRESENT AZOI-REMAINING NUMBER RATE ADDI-RATE **PREVIOUSLY** ENT EXTR AFTER TIONAL **ZÍONAL** AMENDMENT PAID FOR FEE FFF Total Mipus ENDM (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minu OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 6(d)) OR = TOTAL ĎΤΑΙ ADD'L FEE OR ADD'L FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS m PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**EXTRA** TIONAL TIONAL **IENT PREVIOUSLY AFTER** AMENDMENT FEE PAID FOR FEE Minus ENDM Total (37 CFR 1.16(c)) X S OR Independent (37 CFR 1.16(b)) Minus = OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS PRESENT RATE RATE ADDI-REMAINING ADDI-NUMBER **EXTRA TIONAL PREVIOUSLY** TIONAL EN AFTER PAID FOR FEE AMENDMENT FEE Minus Total ENDM X \$ (37 CFR 1.16(c)) X \$ OR Minus Independent (37 CFR 1.16(b)) X \$ OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

	PATE		ATION FEE DETE		ION RI	ECORD 1	0 /2	icatio 1	984	Tumber 1	
CLAIMS AS FILED - PART I (Calumn 1)					nn 2)	SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
U.S. NATIONAL STAGE FEES						RATE	FEE].	RATE	FEE	
BASIC FEE			SWALL ENT. = \$ 150	LAR.	: T. = \$ 300	BASIC FEE		OR	BASIC FEE	300	
ex.	AMINATION F	EE	Satisfies PCT Article 33(1) (4) = \$50/\$100	A9	• uations =	EXAM FEE		1	EXAM FEE	200	
SEARCH FEE			U.S. & ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	ADC.]] Jacobs =	SEARCH FEE			SEARCH FEE	400	
FEE FOR EXTRA SPEC. PGS.			minus 100 =			X \$ 125 =			X \$ 250 =		
TOTAL CHARGEABLE CLAIMS			19 minus 20 =	- 1		X \$ 25 =		OR	X\$50=		
INDEPENDENT CLAIMS			2 minus 3 =			X \$ 100 =		OR	X\$200=		
MRATIPLE DEPENDENT CLAIM PRES			ESENT /			+\$ 180 =		OR	+\$ 360 =		
* If the difference in column 1 is less than zero, enter "0" in co:					ı. 2	TOTAL		OR	TOTAL	900	
AMENDMENTA	Total Independent	(Column 1) CLAIMS REMAINING AFTER AMENDMENT 199	(Column Minus Minus Minus (Column (THE Z) BER DUSLY FOR ZAIM	ESENT XTRA	X \$ 25 = X \$ 100 = + \$ 180 = TOTAL ADDIT. FEE	ADDI- TIONAL- FEE	OR OR OR OR	OTHER SMALL E RATE X \$ 50 = X \$ 200 = + \$ 360 = TOTAL ADDIT. FEE		
AMENDMENT 8	5//	CLAIMS	(Colum HIGHE	ST :		T	ADDI-	Γ	₋	ADDI-	
	7/2/06	REMAINING AFTER AMENDMENT	PREVIOU PAID F	USLY	SENT .TRA	RATE	TIONAL FEE		RATE	TIONAL	
	Total	. 18 .	Minus - 21)	0	X \$ 25 =		OR	X \$ 50/-		
	Independent	• /	Minus · 2			X\$ 100 =		OR	X\$200=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEPENDENT C	MIN		+\$ 180 = .		OR	\$ 360 =		
<u>"</u> ,	the Wighest Nur the Wighest Nur	nue: Previously Paid (nite: Previously Paid (entry in column 2, with "9" in For IN THIS SPACE is test to For IN THIS SPACE is test to or (Total or Independent) in (:0". .ar lound in 1	TOTAL ADOIT. FEE The appropriate box is		OR/	FEE			
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